

11-03-04

3762 \$ 41



Application No. (if known): 10/005,470

Attorney Docket No.: 01780/100G910-US1

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MS Amendment  
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Amendment in Response to Office Action (19 pages)  
Amendment Transmittal (1 page)  
Transmittal (1 page)  
Fee Transmittal (1 page)  
Terminal Disclaimer (1 page)  
Information Disclosure Statement (3 pages)  
IDS (Citation) by Applicant (1 Reference)  
Check \$286.00





<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 01780/100G910-US1	
Application No. 10/005,470	Filing Date November 7, 2001	Examiner George C. Manuel	Art Unit 3762		
Applicant(s): David P. Macadam et al.					
Invention: METHODS FOR PROCESSING ELECTROCARDIAC SIGNALS HAVING SUPERIMPOSED COMPLEXES					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	50	- 50 =		x	0.00
<b>Independent Claims</b>	5	- 3 =	2	x 88.00	176.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					176.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 286.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Paul M. Zagar Attorney Reg. No.: 52,392  DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7700				Dated: November 2, 2004	
<div style="display: inline-block; width: 40%;"><b>RECEIVED</b> NOV 09 2004 TECHNOLOGY CENTER R3700</div>					
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11/04/2004 RFEKADU1 00000041-10005470  
02-FC-1814  
110.00 UP



*Effective 10/01/2004. Patent fees are subject to annual revision.*

☐ Applicant claims small entity status. See 37 CFR 1.27

**Complete if Known**

Application Number	10/005,470
Filing Date	November 7, 2001
First Named Inventor	David P. Macadam
Examiner Name	George C. Manuel
Art Unit	3762
Attorney Docket No.	01780/100G910-US1

**METHOD OF PAYMENT** (check all that apply)

<input checked="" type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	Other	<input type="checkbox"/>	None
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Deposit Account:

04-0100

**Darby & Darby P.C.**

**The Director is authorized to:** (check all that apply)

Charge fee(s) indicated below	<input checked="" type="checkbox"/>	Credit any overpayments
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☐ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION** (continued)

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge – late filing fee or oath	
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive – unavoidable	
1453	1,370	2453	685	Petition to revive – unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)		1814	Statutory Disclaimer		110.00

\*Reduced by Basic Filing Fee Paid

<b>SUBTOTAL (3)</b>	<b>(\$)</b>	<b>110.00</b>
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### FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

<b>SUBTOTAL (1)</b>	<b>(\$)</b>	<b>0.00</b>
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## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE


	Extra Claims	Fee from below	Fee Paid
Total Claims 50 -50** =			0.00
Independent Claims 5 -3** =	2	88.00	176.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

<b>SUBTOTAL (2)</b>	<b>(\$)</b>	<b>176.00</b>
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**\*\*or number previously paid, if greater. For Reissues, see above**

## SUBMITTED BY

Name (Print/Type)	Paul Zagar
Signature	

Registration No.  
(Attorney/Agent)

52.392

(Complete (if applicable))

Telephone	(212) 527-7700
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Date \_\_\_\_\_

November 2, 2004

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**Dated:** \_\_\_\_\_

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